Reporting of NPIs on Claims Sent to Medicare

Professional Paper Claims sent
to Carriers & DME Contractors

May 23, 2005- January 2, 2006 NPIs were not accepted on any paper claims sent to Medicare.

January 3, 2006 - Jan 1, 2007: Physicians and suppliers may not report an NPI on a CMS-1500 (12/90) form. Those forms do not contain fields for reporting of NPI numbers. Providers must continue to enter their existing Medicare identification number on those 12/90 paper forms.   Prior to April 1, 2007, Medicare will reject as unprocessable any claim submitted on a CMS-1500 (12/90) form with an NPI in a provider identification number field.

January 2, 2007-March 31, 2007

Medicare will accept either the CMS-1500 (12/90) or the revised CMS-1500 (08/05) form. CMS-1500(12/90) forms will continue to be rejected as unprocessable if submitted with one or more NPIs. NPIs can be submitted when a revised CMS-1500 (08/05) is submitted, but NPIs are not yet required on these claims. If one NPI or more is reported on a revised CMS-1500 (08/05), the submitter is strongly encouraged to also submit the Medicare legacy provider identifier that corresponds to each NPI reported on the claim. Failure to report a legacy identifier with an NPI could result in a delay in processing of the claim.

April 1, 2007-May 22, 2007

Medicare will reject any CMS-1500 (12/90) form received with or without an NPI. Only the revised CMS-1500 (08/05) form will be accepted. An NPI is not yet required on the CMS-1500 (08/05) form, but should be entered if a provider has obtained an NPI. It is still highly recommended that claim submitters enter the Medicare legacy number that corresponds to each NPI reported on the revised CMS-1500 (08/05) to avoid a possible processing delay.

May 23, 2007 and thereafter

Revised CMS-1500 (08/05) forms received without an NPI to identify each provider for which data is reported on a claim, such as a rendering, referring or ordering physician, in addition to the billing provider, will be rejected by Medicare.

Medicare legacy provider identifiers may no longer be reported on paper claims sent Medicare.

Institutional Paper Claims sent to Fiscal Intermediaries

May 23, 2005-January 1, 2006

NPIs were not accepted on any paper claims sent to Medicare.

January 2, 2006-February 28, 2007

The UB-92 is the only paper claim form that may be submitted to Medicare during this period. As the UB-92 form does not have fields for reporting of NPIs, UB-92 forms received with an NPI in the fields that exist for reporting of legacy provider identifiers will be rejected. UB-92 submitters must continue to report the Medicare legacy provider identifier of each provider for which data is reported in the provider identifier fields of a UB-92.

March 1, 2007-May 22, 2007

Medicare will accept either a UB-92 or a UB-04 paper claim form from institutional providers during this period. The UB-04 does have separate fields for reporting of both a Medicare legacy provider identifier and a provider's NPI. The NPI is not yet required on a UB-04, but if available and reported, Medicare strongly encourages claim submitters to also report the Medicare legacy provider identifier that corresponds to each NPI entered on a UB-04 form. This will allow the claim to avoid potential processing delays during this period. A UB-92 submitted with an NPI will continue to be rejected.

May 23, 2007 and thereafter

UB-92 forms received will be rejected by Medicare whether or not they include an NPI. UB-04 forms received by Medicare will be rejected if an NPI is not used to identify each provider for which data is reported on the claim. UB-04 submitters may no longer send Medicare legacy provider identifiers on these paper claims.

Electronic Claims sent to Carriers, DME Contractors or Fiscal Intermediaries

May 23, 2005-January 2, 2006

Medicare did not accept NPIs on any electronic claims.

Jan 3, 2006 - Oct 1, 2006:	Medicare systems accept X12 837–P (professional) and X12 837-I (institutional) version 4010A1 electronic claims with an NPI, but only when an existing Medicare legacy number is also reported for each provider identified with an NPI. Medicare rejects as unprocessable any electronic claim that includes only an NPI as a provider's identifier during this period.
	The National Council of Prescription Drug Claims (NCPDP) electronic format was adopted as the HIPAA standard for prescription drugs supplied by retail pharmacies. It is not possible to report more than one identifier for a pharmacy or a prescribing physician on an NCPDP claim. Pharmacies must continue to report their existing Medicare legacy provider identifier (NSC for pharmacy) and the existing Medicare legacy provider number (UPIN) of the prescribing physician during this period. Those claims will be rejected if submitted with an NPI.
	Medicare will send an NPI as primary provider identifier and a legacy identifier as a secondary identifier in outbound X12 837 claims sent to coordination of benefit (COB) trading partners, when NPIs were submitted to Medicare on the inbound claims. Medicare will include an NPI on an X12 277 version 40101A1 electronic claim status response if included in the X12 276 version 40101A1 claim status request during this period. NPIs will not be accepted on X12 270 version 4010A1 electronic eligibility benefit requests or returned on X12 271 version 40101A1 eligibility benefit responses during this period. Paper and X12 835 version 4010A1 electronic remittance advice transactions will continue to report the Medicare legacy provider identifier during this period, even when the billing or pay-to-provider's NPI was reported on the claim sent to Medicare.
Oct 2, 2006 - May 22, 2007:	Medicare will accept an existing legacy Medicare billing number and/or an NPI on X12 837 claims. Claim submitters are strongly encouraged to submit the Medicare legacy provider identifier that corresponds to each NPI entered on a claim to avoid a possible delay in processing of their claim. Claim submitters are not yet required to report an NPI to identify each provider listed on a claim, but may if NPI numbers are available.
	Electronic NCPDP claims may be submitted with an NPI or a Medicare legacy provider identifier for the retail pharmacy and/or the prescribing physician as long as the NPI qualifier is used to identify the type of identifier being reported. Some other provider identifiers also have 10 digits and the qualifier

will be used to select the type of identifier validation edits that will be performed for that number. Entry of a Medicare provider legacy identifier qualifier with an NPI, or vice versa, will result in rejection of the claim.

Medicare will sending an NPI as the primary provider identifier and a legacy identifier as a secondary identifier in an outbound COB claim, if the NPI was included on the inbound claim sent to Medicare. Medicare will also report an NPI on X12 277 and X12 271 electronic responses when the NPI was included on the X12 276 and 270 electronic queries. An NPI will be reported on paper and X12 835 electronic remittance advice transactions when the NPI was reported on the claim but the pay-to-provider's Medicare legacy provider identifier will continue to be reported.

Claims will continue to be batched and paid by the Medicare legacy provider identifier that applies to the provider being paid for claims, rather than according to any NPI reported on the provider's claims during this period. For example, when a provider is paid and issued a remittance advice to explain that payment prior to May 22, 2007, a single check and remittance advice is sent the provider for all claims being paid under that provider's Medicare legacy provider identifier that can be paid that day.

May 23, 2007 and thereafter

X12 837 and NCPDP electronic claims submitted without an NPI will be rejected. Medicare legacy provider identifiers may no longer be reported on electronic claims sent to Medicare.

An NPI must be used as the only identifier on X12 270 and 276 queries sent to Medicare and on X12 271 and 277 responses issued by Medicare. Medicare will begin to batch claims being paid according to the NPI submitted on the claims and to report only the NPI of the pay-to-provider on paper and electronic remittance advice transactions issued the provider for payment of those claims on the date when payment is being issued.

All COB claims issued will contain an NPI only for identification of each provider for which data is included in a claim. There will be an exception for small plans that request that Medicare continue to send Medicare legacy provider identifiers as well as NPIs through May 22, 2008. If a COB claim is sent to a small plan and the claim contains information about a provider that/who is not the billing, pay-to or rendering provider, such as a supervising or ordering

physician, it may not be possible for Medicare to send a Medicare legacy provider identifier. Providers other than billing, pay-to and rendering providers are not required to be enrolled in Medicare as a condition for Medicare payment of another provider for the services, equipment or supplies furnished, ordered, supervised, etc. by a non-enrolled provider.

If a secondary provider is not enrolled in the Medicare program because that provider does not submit claims, is not paid by or does not render covered services to Medicare patients, there will not be a legacy provider identifier in the Medicare files for that provider. Prior to May 23, 2007, Medicare used surrogate UPINs to identify non-enrolled secondary providers, but surrogate UPINs will no longer be reported in any Medicare transactions after May 22, 2007. Surrogate UPINs were not unique to any provider but were used as a tool to bypass provider number editing for those providers. A surrogate UPIN would not be useful to any COB trading partner since the same surrogate UPINs were reported for many different non-enrolled providers.

Special Instructions for Paper Claims Submission	
January 2, 2007 –March 30, 2007	Providers can use either the current Form CMS-1500 (12-90) version or the revised Form CMS-1500 (08-05) version. **Note**: Health plans, clearinghouses, and other information support vendors should be able to handle and accept the revised Form CMS-1500 (08-05) by January 2, 2007.
April 2, 2007	The current Form CMS-1500 (12-90) version of the claim form is discontinued; only the revised Form CMS-1500 (08-05) is to be used. **Note:** All **rebilling** of claims should use the **revised** Form CMS-1500 (08-05) from this date forward, even though earlier submissions may have been on the current Form CMS 1500 (12-90).
May 23, 2007 – Forward:	CMS systems will only accept NPI numbers. Small health plans have an additional year to be NPI compliant.